

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. 10-030,925	FILED DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4		12					54				
5		303					55				
6		303					56				
7		303					57				
8							58				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.		14					TOTAL DEP.				
TOTAL CLAIMS		15					TOTAL CLAIMS				

PTO-375 (2-70)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

SEE INSTRUCTIONS ON REVERSE FOR FILING CLAIMS

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